MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (50)

06598

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:
County: Kent
City or town: Chestertown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or insfifution: 511 High St.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 61 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Kent
City or town: Chestertown Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 511 High St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: Nellie P. Anderson
3. (b) Social Security Number: None

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: George H. Anderson
6(c) If alive, give age: 67 years
7. Birth date of deceased (mo., day, yr.): June 17 1878

8. AGE: Years: 61 Months: 11 Days: 18 If less than one day: hrs. min.

9. Birthplace: Henderson Md. (Town, county, and state)
10. Usual occupation: House wife
11. Industry or business: Home.
FATHER
12. Name: Richard Carlisle
13. Birthplace: Goldsboro Maryland.
MOTHER
14. Maiden name: Sarah Jones
15. Birthplace: Goldsboro Maryland.
16. Informant: Husband. George H. Anderson.
Address: 511 High St Chestertown
17. Burial (Burial, cremation, or removal, Which?) Date thereof: June 8 1940 (month) (day) (year)
Cemetery or crematory: River view Cem
Location: Wilmington Delaware
18. Funeral director: Marvin C. Williams
Address: Chestertown Md.
19. Jun 7 1940 (Date rec'd by registrar) Alice K. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 5 1940, at 4A. M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-4 1940, to 6-5 1940, and that I last saw her alive on 6-5-40 19
Immediate cause of death: metastatic carcinoma
Due to: Primary breast carcinoma.
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

DURATION: 2½ years

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Robert W Farr M. D. or other
Address: Chestertown Md Date signed: 6-7-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-I)

CERTIFICATE OF DEATH

06599

Reg. Dist. No. 203

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Kent
City or town: Rock Hall
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Piney Neck
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: ~~Kent~~ Md County: Kent
City or town: Rock Hall Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Piney Neck.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Alverta Irene Ashley

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fem.	Wh.	married

6.(b) Name of husband or wife: Nathaniel Ashley. 6(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.): July 29 1870

8. AGE: Years 69 Months 10 Days 10 If less than one day: hrs. min.

9. Birthplace: Rock Hall, Md (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business

FATHER — 12. Name: Jackson Elbourn
13. Birthplace: not known

MOTHER — 14. Maiden name: Eliza Grant
15. Birthplace: not known

16. Informant: Husband Nath. Ashley
Address: Rock Hall, Piney Neck

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 11 1940 (month) (day) (year)
Cemetery or crematory: Cemetery
Location: Ashley Burying Ground

18. Funeral director: John R. Ford.
Address: Church Hill Md.

19. June 8 1940 (Date rec'd by registrar) Wm. T. B. Dunning Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 8 1940, at 1:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 6 1940, to June 8 1940, and that I last saw her alive on June 7 1940.

Immediate cause of death	DURATION
chron. Endo-Myocarditis decompensation	
Due to hypertension	
Due to Arteriosclerosis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Albert L. Buzzard M. D. or other
Address: Rock Hall, Md Date signed 6/8/40

RECEIVED
JUL 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

CERTIFICATE OF DEATH

06600

Reg. Dist. No. 202

1. PLACE OF DEATH:

County: Kent

City or town: Rock Hall

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Rural near Rock Hall Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: near Yerley Chapel

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Lavinia Rebecca E. Bice

3. (b) Social Security Number: NONE

4. Sex: Fem.

5. Color or race: Wh.

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John Bice

6 (c) If alive, give age: 75 years

7. Birth date of deceased (mo., day, yr.): Dec 6. 1866

8. AGE: Years: 73 Months: 6 Days: 22 If less than one day: ____ hrs. ____ min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: own home

FATHER

12. Name: John Harvey

13. Birthplace: Baltimore

MOTHER

14. Maiden name: Anna Diggs

15. Birthplace: Baltimore

16. Informant: daughter Mrs L. Stevens

Address: Edwardsville, Millington

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 30 1940 (month) (day) (year)

Cemetery or crematory: St. Paul

Location: Rural Chestertown, Md

18. Funeral director: Ralph H. Ausiltyn Inc.

Address: Chestertown, Md by J.W.W.

19. June 29 1940 (Date rec'd by registrar) Wm. L. B. Dabsdung Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 28 1940, at 5 12 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 12 1939, to June 28 1940, and that I last saw her alive on June 27 1940.

	DURATION
Immediate cause of death: Carcinoma of Breast	
Carcinomatosis	
Due to Cardiac decompensation	
due to Endo-Myocarditis	
Due to Arthritis	
Other conditions: Bright's disease, chronic	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: — Injured at work? —

23. SIGNATURE: Albert E. Burgard M. D. or other

Address: Rock Hall, Md Date signed 6/28/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JUL 2 1940
BUREAU V. S.

1939
73
1811

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (183)

06601

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH
County: Kent
City or town: Chestertown R.D. Md C.C. Camp
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days): None
Stay in this community (yrs., or mos., or days): Five months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Kent
City or town: Chestertown R.D. Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Douglas Frazier Brown

3. (b) Social Security Number: NONE

4. Sex: Male
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: Single
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): April 15, 1922

8. AGE: Years 18 | Months 2 | Days 8 | If less than one day ____ hrs. ____ min.

9. Birthplace: Camden N. J. (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: Laborer C C Camp
FATHER
12. Name: Frazier Brown
13. Birthplace: Sharptown Md.
MOTHER
14. Maiden name: Myrtle Fooks
15. Birthplace: Not known
16. Informant: Records of C.C.C. Camp
Address: C.C. Camp. Chestertown R.D.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 6-27-40 (month) (day) (year)
Cemetery or crematory: Near Sharptown
Location: Near Sharptown Md.
18. Funeral director: Ralph H Walton Inc
Address: Chestertown Md Owen
19. June 26th 1940 (Date rec'd by registrar) Alice R. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 23 1940 10:30 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Did not attend time he was taken and that I last saw him alive on ____ 19__ Certificate as input Med Exam
Immediate cause of death: Drowning
Due to: Accidental
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings: None
Of operations:
Of autopsy: No

DURATION: Immediate

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident
Date of: June 23/40
Where did injury occur: Chestertown R.D. C.C. Camp (City or town) (County) Md (State)
Injured at home, farm, industry, public place (where?): River
Means of injury: Injured at work? No

23. SIGNATURE: Frank Hines M.D. Dr. Reb. Med Exam Dept C M. D. or other
Address: Chestertown Md Date signed: June 26/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JUL 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (170-C)

06602

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:
County: Kent
City or town: Public Road near Worton Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: none
Stay in hospital or inst. (yrs., or mos., or days): 0
Stay in this community (yrs., or mos., or days): all life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Kent
City or town: near Colemans Corner Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: no.

3. (a) FULL NAME: Robie Cornelius Butler

3. (b) Social Security Number: 214-12-5619

4. Sex: M
5. Color or race: C
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Victoria Butler
6(c) If alive, give age: 35 years
7. Birth date of deceased (mo., day, yr.): November 14, 1900

8. AGE: Years: 39 Months: 7 Days: 3 If less than one day: hrs. min.

9. Birthplace: Colemans Corner Kent Co. Md.
(Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: Farm

FATHER
12. Name: Alexander Butler
13. Birthplace: unknown

MOTHER
14. Maiden name: "
15. Birthplace: "

16. Informant: Victoria Butler (Wife)
Address: Worton Md. R.F.D.
17. Burial (Burial, cremation, or removal, Which?) Date thereof: 6/27/40 (month) (day) (year)
Cemetery or crematory: Colemans Corner
Location: Colemans Corner Worton Md.
18. Funeral director: Marvin H. Williams
Address: Chestertown Md.
19. June 19, 1940 (Date rec'd by registrar) Alice R. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 17 1940 3:30 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Did not attend him. Investigated & signed Certificate as Deputy Med. Exam. and that I last saw alive on

Immediate cause of death: Compound Comminuted Fracture Skull
Due to: Hit by Auto
Due to:
Other conditions: none
(Include pregnancy within 3 months of death)
Major findings:
Of operations: none
Of autopsy: none

DURATION: Immediate

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of: June 17/40
Where did injury occur: Worton Rd (City or town) Kent (County) Md (State)
Injured at home, farm, industry, public place (where?): Public Road
Means of injury: Auto Injured at work? no

23. SIGNATURE: Frank Hines Deputy Medical Exam. M. D. or other
Address: Chestertown Md Date signed: June 19/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 3 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

06603

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH:

County Kent

City or town Near Galena

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Kent

City or town Near Glena Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Janie Elizabeth Chance

3. (b) Social Security Number None

4. Sex F

5. Color or race W.

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband ~~or wife~~ John U Chance

6(c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Aug 31, 1876

8. AGE: Years 64 Months 10 Days 12 If less than one day ___ hrs. ___ min.

9. Birthplace Md (Town, county, and state)

10. Usual occupation House Wife

11. Industry or business

FATHER 12. Name William E. McFarland

13. Birthplace Md, Q. A. County

MOTHER 14. Maiden name Mary A Bassett

15. Birthplace Unknown

16. Informant J. U. Chance

Address Glena. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 16, 1940 (month) (day) (year)

Cemetery or crematory Church Hill

Location Church Hill Md

18. Funeral director Wm. H. Good

Address Church Hill Md

19. June 15 1940 Merritt Brice Deputy Local Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1940, at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 7 1940, to June 10 1940, and that I last saw her alive on June 13 1940.

Immediate cause of death Cerebral hemorrhage. Duration: Hemiplegia ten days. C.W.S.R.

Due to Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION 6 days 1930

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Merritt Brice M. D. or other

Address Wellington. Md Date signed June 15/40

RECEIVED
JUL 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (30-2)

CERTIFICATE OF DEATH

66604

Reg. Dist. No. 502

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: KENT

City or town: Chestertown, Md. (Rural)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Kent County Almshouse

Stay in hospital or inst. (yrs., or mos., or days): 7 mo. 6 da.

Stay in this community (yrs., or mos., or days): 30 yrs. plus

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Kent

City or town: Chestertown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: GEORGE WASHINGTON EFFERS

3. (b) Social Security Number: No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	Widowed

6 (b) Name of [redacted] or wife: not known but deceased

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Unknown

8. AGE: Years	Months	Days	If less than one day
about 60 yrs.			____ hrs. ____ min.

9. Birthplace: Virginia
(Town, county, and state)

10. Usual occupation: farm laborer

11. Industry or business

FATHER
12. Name: Not known
13. Birthplace

MOTHER
14. Maiden name: Not known - though deceased was questioned before death
15. Birthplace

18. Informant: J. B. Sutton - Almshouse Supt.

Address: Chestertown, Md. R.D.

17. Burial (Burial, cremation, or removal? Which?) Date thereof: June 6, 1940 (month) (day) (year)

Cemetery or crematory: Alms House Cem.

Location: Kent Co. Md.

18. Funeral director: J. B. Sutton Supt

Address: Chestertown, Md.

19. June 6 1940 (Date rec'd by registrar) Alice C. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 6 1940, at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 5th 1940, to June 6 1940, and that I last saw him alive on afternoon June 5 1940.

	DURATION
Immediate cause of death: Heart failure (Syphilis)	
Due to: Syphilis of Aorta	
Due to:	
Other conditions: Tertiary Syphilis lesions over entire body.	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: A. F. Whitsitt, M.D.
M. D. or other

Address: Chestertown, Md. Date signed: June 6, 1940

RECEIVED
JUL 3 1940
BUREAU V. S.

06605

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

137-a

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County: Kent

City or town: Chestertown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 104 Synchburg St.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 74 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Chestertown Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 104 Synchburg St. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: William Henry Foreman

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: Col.

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 4 1866

8. AGE: Years: 74 Months: 3 Days: 2 If less than one day: hrs. min.

9. Birthplace: Quaker Neck Kent Co. Md. (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Farm

FATHER

12. Name: W. H. Foreman

13. Birthplace: Unknown

MOTHER

14. Maiden name: Annie Gould

15. Birthplace: Unknown

16. Informant: Catherine Brown

Address: 104 Synchburg St. Chestertown

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 6/7/40 (month) (day) (year)

Cemetery or crematory: Kent Co. Alms house

Location: Near Chestertown

18. Funeral director: Marvin V. Williams

Address: Chestertown Md.

19. June 7, 1940 (Date rec'd by registrar) Alice R. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 6 1940, at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 31 1940, to June 7 1940, and that I last saw him alive on June 6 1940.

Immediate cause of death: Chronic Cystitis and systemic infection — DURATION: 2 or 3 yrs

Due to: Infection; caused by obstruction due to benign prostatic enlargement.

Due to: C.W.G.R.

Other conditions: Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Dr. Wm. Richmond M. D. or other

Address: Chestertown, Md. Date signed: 6/7/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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RECEIVED
JUL 3 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06606

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Kent County — Registration Dist. No. 202

Village or City Chestertown, Md. — No. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eugene Gosman

(a) Residence: No. Chestertown Md. RP#3 St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) August 21, 1924

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
16 years	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) — | 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Still Pond (State or country) Maryland

FATHER

13. NAME George J. Gosman

14. BIRTHPLACE (city or town) Still Pond (State or country) Md.

MOTHER

15. MAIDEN NAME Edith V. Stynson

16. BIRTHPLACE (city or town) Still Pond, (State or country) Md.

17. INFORMANT George Gosman (Address) Chestertown, Md. RP#3

18. BURIAL, CREMATION, OR ~~REMOVAL~~ Place I.M. Cemetery Date June 23, 1940

19. UNDERTAKER B. R. Fedowitz (Address) Still Pond Md.

20. FILED June 22, 1940 Alice R. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 6 (Month) 20 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 6-19, 1940, to 6/20, 1940

I last saw her alive on 6-20, 1940; death is said to have occurred on the date stated above, at 12:35 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Symptho cytic meningites	2 weeks ago

Other Contributory Causes of importance:

Name of operation ... Date of ...

Whet test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Robert W. Faw M. D.

(Address) Chestertown, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06607

Reg. Dist. No. 202

1. PLACE OF DEATH:

County: Kent

City or town: Chestertown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 102 Prospect St.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 47 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Chestertown Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 102 Prospect St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: CLAUDIA M. HAMILTON

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married

8 (b) Name of husband or wife: James Hamilton

6(c) If alive, give age: 51 years

7. Birth date of deceased (mo., day, yr.): May 20, 1893

8. AGE:

Years	Months	Days	If less than one day
47	—	24	____ hrs. ____ min.

9. Birthplace: Chestertown, Kent Co., Maryland (Town, county, and state)

10. Usual occupation: Domestic

11. Industry or business:

FATHER

12. Name: Perry Frisby

13. Birthplace: Chestertown, Md.

MOTHER

14. Maiden name: Laura Murray

15. Birthplace: Chestertown, Md.

18. Informant: James Hamilton

Address: Chestertown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 16, 1940 (month) (day) (year)

Cemetery or crematory: Chestertown Cemetery

Location: Chestertown R. R.

18. Funeral director: Lewis A. Henry

Address: Cambridge, Md.

19. June 13, 1940 (Date rec'd by registrar) Alice K. Finale Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 13 1940, at 11:05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 3 1940, to June 13 1940 and that I last saw her alive on June 13 1940.

Immediate cause of death	DURATION
Acute exacerbation of Chronic Bright's disease	7 yr.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Dr. Wm. Richmond M. D. or other

Address: Chestertown, Md. Date signed: 6/13/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

CEIVED
JUL 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (922)

06608

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH:

County: Kent

City or town: Rock Hall
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Rock Hall Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.:
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Lavenia Kirby

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fem.	Wh.	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Febr 13 1859

8. AGE:

Years	Months	Days	If less than one day
81	3	27	hrs. min.

9. Birthplace: Queen Anne's County, Md
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business:

FATHER
12. Name: John D. Kirby
13. Birthplace: not known

MOTHER
14. Maiden name: Annie Maria [illegible]
15. Birthplace: not known

16. Informant: Mrs Tucker

Address: Rock Hall Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 11 1940 (month) (day) (year)

Cemetery or crematory: Cemetery

Location: Wesley Chapel Kent Co. Md

18. Funeral director: Wm H. Gordy

Address: Church Hill Md.

19. June 10 1940 (Date rec'd by registrar) Mrs. I. B. Dunning Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 9 1940, at 12:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 5 1940, to June 9 1940, and that I last saw her alive on June 8 1940.

Immediate cause of death	DURATION
old age	
due to Endo-Myocarditis	
Due to decompensation	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur?
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Gilbert G. Bourgard M. D. or other

Address: Rock Hall, Md Date signed 6/9/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JUL 2 1940
BUREAU V. S.

RECEIVED
JUL 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

06609

CERTIFICATE OF DEATH

Reg. Dist. No. 203

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County West

City or town Frederick (If outside city or town limits, write RURAL NEAR and give town) Md

Street address, hospital, or institution:

Stay in hospital or Inst. (yrs., or mos., or days) 6

Stay in this community (yrs., or mos., or days) 6

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County West

City or town Frederick (If outside city or town limits, write RURAL NEAR and give town) Ward No. West

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Katherine Anna Disco

3. (b) Social Security Number

4. Sex Female | 5. Color or race Colored | 6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife None

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 30. 1940

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day 6 hrs. min.

9. Birthplace West Va (Town, county, and state)

10. Usual occupation None

11. Industry or business None

MOTHER FATHER 12. Name Bertie Pyburn Perkins

13. Birthplace West Va

MOTHER 14. Maiden name Caroline Disco

15. Birthplace West Va

16. Informant Caroline Disco

Address Frederick West Va

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 1 1940 (month) (day) (year)

Cemetery or crematory Cemetery

Location Frederick Md

18. Funeral director Bertie Perkins (Father)

Address Rock Hall. R D 8

19. July 1 1940 (Date rec'd by registrar) Mrs. J. B. Dorsey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1940 at 11:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw alive on 19; that I did not attend deceased after death but have conferred with the attending physician and have knowledge of the facts of death, and that death was caused as stated below, to the best of my knowledge and belief.

	DURATION
Immediate cause of death Still Born	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of

Where did injury occur? None (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) None

Means of injury None Injured at work?

23. SIGNATURE Grant Hines Lyons M. D. or other

Address Frederick Md Date signed July 1 1940

RECEIVED
AUG 2 1940
BUREAU V. S.

06610

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 202

(107)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N B.—Every item of information should be carefully supplied AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH
County Kent
Village or City Chestertown 2235 Queen St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Randolph L Spencer

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
M	C	

6 DATE OF BIRTH
Aug (Month) 8 (Day), 1938 (Year)

7 AGE
1 yrs. 10 mos. 7 ds. If LESS than 1 day hrs. or min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work Child
(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country) Kent Co Md

PARENTS
10 NAME OF FATHER Wm L Spencer.
11 BIRTHPLACE OF FATHER (State or country) Prince George Co Md
12 MAIDEN NAME OF MOTHER Ida Thomas
13 BIRTHPLACE OF MOTHER (State or country) Kent Co Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm L Spencer Father
(Address) Chestertown Md

15 Filed June 18, 1940 (Alice K. Smith) Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 6 (Month) 17 (Day), 1940 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from 6-17-1940 to 6-17-1940, that I last saw he alive on 6-17-1940 and that death occured on the date stated above, at 10 P m.

The CAUSE OF DEATH * was as follows: I saw her first 1 hour before death Auto intoxication with Bronchopneumonia (Duration) yrs. mos. 10 ds.

Contributory / Secondary (Duration) yrs. mos. ds.

(Signed) H P Copeland M. D.
6-18-1940 (Address) Chestertown Md

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death 1 yrs. 10 mos. 7 ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence Chestertown, Md

19 PLACE OF BURIAL OR REMOVAL Chestertown Md — DATE OF BURIAL 6-18-1940

20 UNDERTAKER Marvin V. Williams — ADDRESS Chestertown Md

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housework, Housework,* or *At Home,* and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia. Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 20 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" *etc.* State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

U. S. JUL 3 1940